

ASEX

FAMILY IDENTIFICATION				CASE NUMBER	Date MO DD YY	Date MO DD YY
<input checked="" type="checkbox"/> NEW CSD CASE INFORMATION TAKEN BY	<input type="checkbox"/> REOPEN	<input type="checkbox"/> UPDATE	<input type="checkbox"/> REFERRAL ON OPEN CASE ASSIGNED WORKER			
				<i>Peggy Buylert BP</i>		
REFERRAL INFORMATION						
SEQ. NO. <i>11</i>	TYPE <input checked="" type="checkbox"/> PROTECTIVE SERVICE (P)	TIME <i>9/15 AM</i>	REFERRAL SOURCE <i>CPD</i>	CODE <i>NA</i>	AD	
MO <i>02 2087</i>	DY	YR				
MEDIUM						
<input type="checkbox"/> PHONE	<input type="checkbox"/> OFFICE VISIT	<input type="checkbox"/> FIELD	<input type="checkbox"/> MAIL			
HOME ADDRESS						
BLD/APT:				BLD/APT:		
STREET:				STREET:		
CITY: <i>Zaire City</i>	STATE:	ZIP:		CITY:	STATE:	ZIP:
PHONE:				COUNTY:		
DIRECTIONS TO HOME:						
CASE/FAMILY MEMBERS						
P/L	LAST	NAME	EDOT			
C	<i>Culver Jania</i>		P/L P/L	<i>CHI F</i>	MO DY YR	T
AKA			PRIME NUMBER		TRIBE	
			P/L P/L		MO DY YR	
AKA			PRIME NUMBER		TRIBE	
			P/L P/L		MO DY YR	
AKA			PRIME NUMBER		TRIBE	
			P/L P/L		MO DY YR	
AKA			PRIME NUMBER		TRIBE	
			P/L P/L		MO DY YR	
AKA			PRIME NUMBER		TRIBE	
			P/L P/L		MO DY YR	
OTHER SIGNIFICANT PERSONS						
1.	NAME	ADDRESS	PHONE NUMBER			RELATIONSHIP
2.						
SPECIAL PROJECTS						
<input type="checkbox"/> INDO-CHINESE						
REFERRED SOURCE CODE		PERSON TYPE (P/T)	RELATION TO CASE NAME (C-REL)			WHEREABOUTS (WHR)
AFS - AFS	OTH - Other	AD - Adult	ANT - Aunt	NIE - Niece	I - In Home (Incl. Adoptive Home)	
ANO - Anonymous	PRO - Other Professional	AP - Absent Parent	SEL - Case Name (Self)	NOR - No Relation	A - Adopted	
CSD - CSD	PAR - Parent	CH - Child	CHI - Child	PAR - Parent	D - Deceased	
CLE - Clergy	*POL - Police	CT - Caretaker	COU - Cousin	SIB - Sibling	H - Mental Hospital	
OAY - Day Care	PSY - Psychologist/Psychiatrist	GN - Guardian	XSP - Ex-Spouse	STC - Step Child	M - Military	
XSP - Ex-spouse	REL - Relative	ETHNIC (ETH)	GPA - Grandparent	STP - Step Parent	P - Penal Institution	
FOS - Foster Parent	SEL - Self	A - Asian	GCH - Grandchild	SPO - Spouse	S - Substitute Care	
FRI - Friend	SCH - School	B - Black	INL - In-law	UNC - Uncle	T - Juvenile Training School	
JUV - Juvenile Court	SOC - Soc.Serv.Agency	H - Hispanic	LIV - Live-In Companion	UNK - Unknown	Z - Out of State	
MED - Medical	VIC - Victim	W - White	NEP - Nephew		C - Out of Country	
NBR - Neighbor		U - Unknown			O - Out of Home - Other	
*For Protective Services use this code only for reports initiated by police.		I - Indian-List Tribe			U - Unknown	
					X - Other Hospital	

## NATURE OF REFERRAL/REQUEST (Summary Only):

For sexually abused Tanya at age 10 - unknown whether still occurring. Tanya reported abuse at St Vincent's in eating disorder program - not reported. Reporting again at Portland Adventist in eating disorder program. Dad transports her to outpatient treatment.

ASSESSMENT (Attach Narration)	MO 3	DATE 02	YR 87	ADMIN. EXTENSION	MO	DATE	YR	INITIAL	CHECK IF ASSESSMENT ONLY	BRIEF SERVICE	CASE CLOSE MO 03	CLOSE DY 04	YR 87
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## DISPOSITION (Summary Only):

Tanya has been seen by individual + family counselor. Main issue also being dismissed - hasn't happened for six years.

REFERRED TO: On going therapy in eating disorder clinic

DATE CLIENT RECEIVED GRIEVANCE PROCEDURE NOTICE: MO . DY . YR

## PROTECTIVE SERVICES ONLY

- CHILD IN DANGER  
 PREVIOUS REPORT EXISTS

<b>REPORT DISPOSITION</b>		LEA NOTIFIED (Name) <i>Leah Forman</i>	MO	DY	YR			
<input checked="" type="radio"/> REPORT VALID Investigation has shown abuse/neglect occurred.		<i>10 Pol</i>	<i>02 20 87</i>					
<input type="radio"/> REPORT UNSUBSTANTIATED Investigation has shown abuse/neglect occurred; cause or circumstance remain unknown or unclear.		FIRST CHILD CONTACT	AM	PM				
<input type="radio"/> REPORT INVALID Investigation has shown abuse/neglect did not occur.		REMOVAL INITIATED:	.	.	AM			
		FIRST PARENT CONTACT:	.	.	PM			
		INVESTIGATION:	<input type="radio"/> LEA	<input type="radio"/> CSD	<input type="radio"/> TRIBAL COURT	MO	DY	YR
		REPORTED BACK TO REFERRAL:	.	.	.	AM	PM	

## FAMILY STRESS INDICATORS (Maximum 6)

- 01  Single parent  
02  Head of family unemployed  
03  New baby/pregnancy
- 04  Heavy child care responsibility  
05  Suspected drug/alcohol abuse  
06  Parental involvement with LEA

- 07  Physical abuse of spouse/fighting  
08  Parental history of abuse as child  
09  Recent relocation  
10  Inadequate housing
- 11  Social Isolation  
12  Other  
13  None  
14  Suspected Mental Illness

## ABUSE DESCRIPTION (Record P/L's for each injury)

<b>PHYSICAL ABUSE</b>		<b>MENTAL INJURY</b>	<b>SEXUAL ABUSE AND SEXUAL EXPLOITATION</b>
20	Head Injuries	60	Sexual Contact (rape, sodomy, incest, sexual penetration, etc.)
21	Injuries to bone, muscle, cartilage, ligaments	64	42 <input checked="" type="checkbox"/> Fondling (touching breasts, buttocks, genitals, etc.)
23	Bruises/Cuts/Lacerations	65	43 <input type="checkbox"/> Sexual harassment/intimidation pressuring children for future sexual purpose
24	Internal Injuries	66	48 <input type="checkbox"/> Exposure and Voyeurism
25	Burns/Scalds	67	46 <input type="checkbox"/> Uses of children to produce pornography
28	Shock	68	47 <input type="checkbox"/> Allowing/Permitting Prostitution
33	Poisoning (including addicted infant)	69	45 <input type="checkbox"/> Other Sexual Abuse and Exploitation
27	Other Physical Abuse	73	40 <input type="checkbox"/> Sexual Contact (rape, sodomy, incest, sexual penetration, etc.)
		63	41 <input type="checkbox"/> Fondling (touching breasts, buttocks, genitals, etc.)
			44 <input type="checkbox"/> Sexual harassment/intimidation pressuring children for future sexual purpose
			45 <input type="checkbox"/> Exposure and Voyeurism
			46 <input type="checkbox"/> Uses of children to produce pornography
			47 <input type="checkbox"/> Allowing/Permitting Prostitution
			48 <input type="checkbox"/> Other Sexual Abuse and Exploitation
<b>NEGLECT</b>		50	49 <input type="checkbox"/> Sexual Contact (rape, sodomy, incest, sexual penetration, etc.)
30	Lack of Supervision and Protection	Deceased	50 <input type="checkbox"/> Fondling (touching breasts, buttocks, genitals, etc.)
31	Medical Neglect		51 <input type="checkbox"/> Sexual harassment/intimidation pressuring children for future sexual purpose
32	Failure to provide food, clothing		52 <input type="checkbox"/> Exposure and Voyeurism
71	Inadequate Shelter		53 <input type="checkbox"/> Uses of children to produce pornography
80	Desertion		54 <input type="checkbox"/> Allowing/Permitting Prostitution
72	Other Neglect		55 <input type="checkbox"/> Other Sexual Abuse and Exploitation
<b>ABANDONMENT</b>		90	56 <input type="checkbox"/> Sexual Contact (rape, sodomy, incest, sexual penetration, etc.)
		Abandonment	57 <input type="checkbox"/> Fondling (touching breasts, buttocks, genitals, etc.)
			58 <input type="checkbox"/> Sexual harassment/intimidation pressuring children for future sexual purpose
			59 <input type="checkbox"/> Exposure and Voyeurism
			60 <input type="checkbox"/> Uses of children to produce pornography
			61 <input type="checkbox"/> Allowing/Permitting Prostitution
			62 <input type="checkbox"/> Other Sexual Abuse and Exploitation
<b>THREAT OF HARM</b>			
54	Physical Abuse		
55	Sexual Abuse/Exploitation		
56	Neglect		
57	Mental Injury		

<b>ALLEGED PERPETRATOR DESCRIPTION</b>		<b>ALLEGED PERPETRATOR</b>			
CHILD (Victim)	Relation To Victim	Age	Sex	Ethnic	* ALLEGED PERPETRATOR
P/L <i>C</i>	<i>FAT</i>	<i>37</i>	<i>n</i>	<i>w</i>	NAME _____
					ADDRESS _____
					NAME _____
					ADDRESS _____
					Worker Signature _____ Date _____

<b>ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM</b>		GRM - Grandmother	LIV - Live-In Companion	BAB - Baby Sitter	DCE - Day Care Center Employee
MOT - Mother	SFA - Stepmother	UNC - Uncle	FPA - Foster Parent or Other	NFR - Neighbor/Friend	IEM - Institution Employee
FAT - Father	SMO - Stepmother	ANT - Aunt	Adult in Foster Home	UNK - Unknown Perpetrator	RCE - Residential Care Employee
BRO - Brother	STS - Step-sibling	REL - Other Relative	OCS - Other Child in Sub-care	OTH - Other	TEA - Teacher
SIS - Sister	GRA - Grandfather	EXL - Ex-Live-In Companion			VOL - Volunteer

\* Attach a separate sheet listing additional perpetrators if necessary.

Culver

2-20-89

prev hosp St Vincent's  
this year eating disorder  
age 10 sexually abused  
by father  
Disclosed to counseling  
staff in eating disorder.  
Told her to bring it up in  
family therapy

Father transports her to  
therapy sessions

When did it stop -

"I don't know"  
counselor didn't ask

Brenda out until Tues

laid on top of her  
kissed

also has reported a  
date rape at a prom -  
couldn't stop it from  
happening

2  
no treatment for anyone



concerned by Janice reporting molestation by father. During Janice high fat would kiss her, lie on top of her and fondle her through & over her clothes. He would breath her neck and obviously be aroused. This stopped when she was in the eighth grade. Since then he has attempted to kiss her girl has

ASSESSMENT DATE (Narrative may be attached) (ICMB)	MO DY YR 4-26-88	ADMIN. EXTENSION DATE	MO DY YR	INITIAL	(ICMB) CHECK IF ASSESSMENT ONLY	DATE CLIENT RECEIVED GRIEVANCE PROCEDURE NOTICE:	MO DY YR
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## DISPOSITION (Summary Only):

Last incident occurred 3 1/2 years ago - beyond statute of limitations. Plaintiff not aware of OSB involvement - had confrontations & is working on her disturbance over this w/ therapist, Sean Linda Sherman.

PROTECTIVE SERVICES ONLY

CHILD IN DANGER

<input type="checkbox"/> A. Resource existence	<input type="checkbox"/> B. Perpetrator admission	<input type="checkbox"/> C. Psychological evaluation	<input type="checkbox"/> D. LEA investigation	<input type="checkbox"/> E. CPS assessment	<input type="checkbox"/> G. Child unable/unwilling to provide consistent information	<input type="checkbox"/> H. Conflicting/inconsistent information from witness, family, professional	<input type="checkbox"/> I. Other	FIRST CHILD CONTACT: FIRST PARENT CONTACT: (ICMB) Indicate the number of children placed in the following because of a CPS removal or hold If no children were removed/hold, place an "X" by that selection.	MO DY YR AM PM	Date Completed: REPORTED BACK TO REFERRAL: AM PM
								No removal/hold (NO) CSD shelter/foster (SF)	Hospital (HO) Friends (FR)	Relatives (RE) Other (OT)

## FAMILY STRESS INDICATORS (Maximum 5) (ICMB)

- 01  Single parent  
 02  Head of family unemployed  
 03  New baby/pregnancy  
 04  Heavy child care responsibility  
 05  Suspected drug/alcohol abuse  
 06  Parental involvement with LEA

- 07  Physical abuse of spouse/partner  
 08  Parental history of abuse as child  
 09  Recent relocation  
 10  Inadequate housing

- 11  Social isolation  
 12  Other  
 13  None  
 14  Suspected Mental illness  
 15  Suspected Developmental Disability

## ABUSE DESCRIPTION (record P/L's for each injury) (ICMB)

## PHYSICAL ABUSE

- 20  Head injuries  
 21  Injuries to bone, muscle, cartilage, ligaments  
 23  Bruises/bruises/lacerations  
 24  Internal injuries  
 25  Burns/scalds  
 28  Shock  
 29  Drug affected infant  
 33  Poisoning  
 27  Other physical abuse

## MENTAL INJURY

- 60  Scapegoating, humiliation, public ridicule, threats  
 64  Exposure to violence  
 65  Failure to promote parent/child attachment or bonding  
 66  Sensory deprivation, blinding, restraints, etc.  
 67  Deprivation of food/water and/or toilet facilities  
 68  Expectation beyond developmental capability/exploitation  
 69  Confusing child's sexual identity  
 73  Restriction of child's autonomy/learning  
 83  Other emotional abuse

## SEXUAL ABUSE AND SEXUAL EXPLOITATION

- 40  Sexual contact (rape, sodomy, incest, sexual penetration, etc.)  
 42  Fondling (touching breasts, buttocks, genitals, etc.)  
 43  Sexual harassment/intimidation pressuring children for future sexual purpose  
 46  Uses of children to produce pornography  
 47  Allowing/permitting prostitution  
 48  Exposure and voyeurism  
 45  Other sexual abuse and exploitation

## NEGLECT

- 30  Lack of supervision and protection  
 31  Medical neglect  
 32  Failure to provide food, clothing  
 71  Inadequate shelter  
 80  Desertion  
 72  Other neglect

## FATALITY

- 50  Deceased

## THREAT OF HARM

- 54  Physical abuse  
 55  Sexual abuse/exploitation  
 56  Neglect  
 57  Mental injury

## ALLEGED PERPETRATOR DESCRIPTION (ICMB)

CHILD (Victim)	P/L	Relation To Victim	Age	ALLEGED PERPETRATOR	Sex	Ethnic

## \* ALLEGED PERPETRATOR

NAME _____
ADDRESS _____
NAME _____
ADDRESS _____
Worker Signature _____
Date _____

## ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM

- MOT - Mother SFA - Stepfather UNC - Uncle LIV - Live-In Companion DCE - Day Care Center Employee  
 FAT - Father SMO - Stepmother ANT - Aunt FPA - Foster Parent or Other RCE - Residential Care Employee  
 BRO - Brother STS - Step-sibling REL - Other Relative Adult in Foster Home TEA - Teacher  
 SIS - Sister GRA - Grandfather EXL - Ex-Live-In Companion OCS - Other Child in Sub-care VOL - Volunteer  
 BAB - Baby Sitter  
 NFR - Neighbor/Friend  
 UNK - Unknown Perpetrator  
 OTH - Other

been able to stop him, and she has not harassed her for a long while. She cannot tell who try to help. Please clarify the dates.

Tania is quite clear the last attempt occurred the beginning of her freshman year, 3 1/2 yrs ago.

Case name: Alper

Case #: \_\_\_\_\_

Assessment & Disposition (continued)

Note to closed file:

J-28-90 Call from Janie Alper p.d. [REDACTED]

@ [REDACTED] (or [REDACTED]) inquiring about  
ASET reports 1987/1988. Wanted to know why  
not prosecuted.

Told Janie that at time of repeat  
last incident was beyond 3 year statute. Told  
her Alpers have charged. Told her to contact  
LORD - Don Farmer to people in investigation.  
Did not tell her who reported.

Written by: G.W.S. Date: J-28-90

Approved: \_\_\_\_\_

DAVIS WRIGHT TREMAINE

LAW OFFICES

2300 FIRST INTERSTATE TOWER • 1300 SW FIFTH AVENUE • PORTLAND, OR 97201-5682  
(503) 241-2300  
FAX: (503) 778-5299 • TELEX 185224

ROBERT D. NEWELL  
MEMBER OREGON AND CALIFORNIA BARS

October 8, 1992

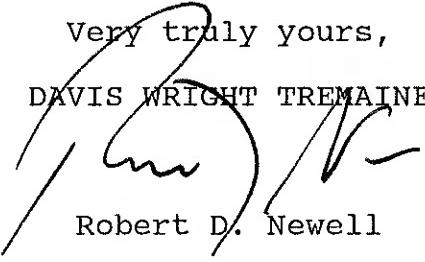
Children's Services Division  
Clackamas Branch  
Davignon Hall  
P.O. Box 133  
Marylhurst, Oregon 97036

Enclosed is a release signed by Tania Culver authorizing and directing you to release any and all records concerning her to the undersigned. The release incorrectly spells her name "Tanya," but you will note that she has signed it with the correct spelling.

Please forward those records at your earliest convenience. Thank you for your cooperation in this matter.

Very truly yours,

DAVIS WRIGHT TREMAINE

  
Robert D. Newell

RDN:lmc  
Enclosure  
A:\CSD01.LTR

RELEASE

TO : CHILDREN'S SERVICES DIVISION

RE : TANYA CULVER

TO WHOM IT MAY CONCERN:

This will serve to authorize and direct you to release to Robert D. Newell, Esq., Davis Wright Tremaine, 2300 First Interstate Tower, 1300 S.W. Fifth Avenue, Portland, Oregon 97201, any and all CSD records pertaining to reports of abuse of any kind which you have on file regarding me as the alleged victim.

DATED this 28 day of September, 1992.

Tanya Culver  
TANYA CULVER

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

DAVIS WRIGHT TREMAINE

LAW OFFICES

2300 FIRST INTERSTATE TOWER • 1300 SW FIFTH AVENUE • PORTLAND, OR 97201-5682  
(503) 241-2300  
FAX: (503) 778-5299 • TELEX 185224

ROBERT D. NEWELL  
MEMBER OREGON AND CALIFORNIA BARS

November 6, 1992

J. P. yphair  
Calver  
BB 98164

Children's Services Division  
Clackamas Branch  
Davignon Hall  
P.O. Box 133  
Marylhurst, Oregon 97036

I wrote to you on October 8 enclosing a release of all records concerning Tania Culver. I have not heard from you since then and would like to know the status of my request.

If you will be responding to the request with records, I look forward to receiving those soon. If, for some reason, you are unable to provide the records, please notify me of your position on our request so that we may determine what alternatives may be available to us.

I look forward to hearing from you soon.

Very truly yours,

DAVIS WRIGHT TREMAINE

Robert D. Newell

RDN:lmc  
A:\CSD02.LTR